

Texas Council for Developmental Disabilities

Personnel Revision Form

Grantee Name:	Grant Number:
RFA Title:	
Budget Period: Start Date:	End Date:
Date:	

This form is to request approval of a change in key project staff. The change(s) listed on this form represent(s) the removal or transfer of responsibilities for the project for the individual(s) named. Please provide the name(s) and position title(s) below for project staff that have changed. All staff shall comply with guidelines and requirements with respect to this grant project as specified by:

- Developmental Disabilities Assistance and Bill of Rights Act, (DD ACT) of 2000 (P.L 106-402);
- Federal Regulations Title 45 CFR Parts 74 or Part 92 (as applicable) and relevant cost principles; and
- Texas Council for Developmental Disabilities, as outlined in the TCDD Grants Manual.

Any changes in project staff should be reported immediately in writing to TCDD. This form serves as notification of a project staff change.

Project Position	Name and Email Address	Position Title/Classification and Reason for the Personnel Change	Remove access to your agency's application in SMAApply?
Authorizing Official			Yes No
Financial Administrative Authority			Yes No
Project Director			Yes No
Other:			Yes No
Other:			Yes No
Other:			Yes No

For TCDD email distribution lists: If an authorizing official, financial administrative authority, or project director is removed, they will also be removed from the email list for TCDD communications. Email subscriptions for all others must be managed by the grantee. Staff can use this [link](#) to subscribe to the list, or this [link](#) to unsubscribe.

Name of Authorizing Official

Title

Signature of Authorizing Official

Date